

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553,034

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1	51						
2	1		1		1		52						
3	1		1		1		53						
4	1		1		1		54						
5	2		1		1		55						
6	0		1		1		56						
7	1		1		1		57						
8	1		1		1		58						
9	3		3				59						
10	1		1		1		60						
11	1		1		1		61						
12	1		1		1		62						
13	1		1		1		63						
14	1		1		1		64						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	16	↔	15	↔		↔	TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS	17		16				TOTAL CLAIMS						